

Implementing Evidence-Based Substance Abuse Prevention Strategies

Presented by the Maine Office of Substance Abuse (OSA)
& Maine's Environmental Substance Abuse Prevention Center (MESAP)

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Maine Office of Substance Abuse Contact List

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Information and Resource Center (IRC)

The Information and Resource Center (IRC) is part of the Maine Office of Substance Abuse. It houses a collection of books, videos, audiocassettes, and pamphlets which are searchable online. Library materials are loaned, and pamphlets and OSA publications are distributed free statewide.

1-800-499-0027 or (207) 287-8900

TTY: 1-800-606-0215

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Technical Assistance Contact List

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Higher Education Alcohol Prevention Project (HEAPP)

HEAPP is a partnership between Maine's colleges and universities and OSA to bring about long-term, systemic change in how high-risk drinking and other substance abuse issues are addressed at the state and local levels.

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Maine's Environmental Substance Abuse Prevention Center (MESAP)

Provides training, technical assistance, and tools for communities to translate into practice the latest research in environmental prevention, including strategies in community mobilization, media advocacy, policy change, and law enforcement. Customized services are available for free to OSA grantees.

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AdCare Educational Institute of Maine, Inc.

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Maine Network for Addiction Prevention (formerly the Maine Association of Prevention Programs), and the Methamphetamine Prevention Project

Advocates on substance abuse prevention issues. Provides training on advocacy and understanding the process of developing laws and legislation pertaining to alcohol and other drugs. Also provides training on Meth use trends and clandestine lab awareness for communities.

Website: <http://www.masap.org/site/prevention.asp>

207-621-8118

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Maine Youth Action Network (MYAN)

[Trains](#), [supports](#), [connects](#) and [advocates](#) for youth organized to effect positive change through school and community-based peer programs across Maine. MYAN works with youth groups, adults who support those groups and organizations interested in involving youth, assisting them all in making a difference through youth and adult partnership.

207-874-0060

Website: www.myan.org

KIT Prevention Help Desk

Specializes in technical assistance for KIT Prevention related issues. This service is available Monday – Friday 9 am – 5 pm, EST. In KIT Prevention, clicking on the KIT Support Module will give you access to the online help for KIT Support at: <http://kitusers.kithost.net/support/me> An online manual is available through KIT Prevention by clicking on the Help Button on the left menu bar of each module.

Phone: 1-888-600-4777

Website: <http://kitusers.kithost.net/support/me>

Liquor Licensing

Grants liquor licenses as well as processes liquor violations. Can also provide information about memorandum of agreements for law enforcement agencies and compliance checks.

Website: <http://www.maine.gov/dps/liqr/index.html>

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207-624-7231

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- Survey for MESAP evaluation

9:00 Welcome & Introductions

9:30 What is environmental prevention, and why is it important?

10:15 BREAK

10:30 Community organizing: Lessons from CMCA and CTI

11:45 Wrap-up & preview of afternoon

12:00 LUNCH

12:30 Underage Drinking: *Retail Access*

- Retail Compliance Checks, Card ME, & Seller/Server Training

1:00 Underage Drinking: *Social Access*

- Party Patrols & Maine's Model Law Enforcement Policy

1:30 Underage Drinking: *Parental Monitoring*

- OSA's Parent Media Campaign

1:50 BREAK

2:00 Young Adult High-risk Drinking: *Knowledge of risk*

- Drug-Free Workplace Program

2:30 Prescription Drug Misuse: *Access*

- Maine's Prescription Monitoring Program (PMP)

3:00 Underage Drinking: *School Policy*

3:15 Pulling it all together

3:40 Additional resources

3:50 Conclusion & evaluations

4:00 *Optional: Opportunity for additional Q &A with OSA staff*

What are Environmental Strategies and how do they differ from Individual Strategies?

Broadly defined, individual strategies are short-term actions focused on changing individual behavior. Environmental strategies involve longer-term, potentially permanent changes that impact the entire community. The most effective prevention plans will use both environmental and individual substance abuse prevention strategies.

While traditional prevention has tended to focus on individual strategies, aimed at helping individuals make the choice not to use alcohol or other drugs, environmental strategies focus on changing the legal, physical, social, cultural, and economic conditions in the community environment that are promoting or enabling substance abuse.

Examples of environmental conditions that promote use include easy access to alcohol or other drugs, lax policies and inconsistent enforcement of the laws, and community norms that encourage alcohol or other drug use as a rite of passage. These norms are supported by aggressive alcohol advertising and media messages that link alcohol and other drug use with being "cool,"

An environmental approach to reducing underage drinking would aim to address each of the following:

Availability of alcohol to minors

Young people are far more likely to drink if alcohol it is easy to get. **Retail access** refers to the ability of youth to purchase alcohol for themselves in spite of laws that prohibit such sales. Minors might purchase alcohol either with the use of a false identification (ID) card or by buying it from a clerk who does not check the minor's ID.

Social access refers to various non-commercial avenues by which minors might access alcohol, i.e. getting it from a friend, family member, or acquaintance over age 21 who can legally buy it, taking it from a parent's liquor supply, attending parties where alcohol is served or is easily accessible by minors, or getting a stranger to buy it for them (sometimes called "shoulder tapping").

Regulations

Regulations include all the laws, policies, and rules that impact the way alcohol is sold, marketed, and consumed. On a state level, relevant regulations include laws that prohibit possession of alcohol by a minor, furnishing and sales-to-minors laws, tax policy, and laws and regulations that govern alcohol advertising. On a local level, relevant regulations include: the policies of a city or town regarding density of alcohol establishments; a local police department's policy regarding how they handle an underage drinking incident; and a District Attorney's policies regarding prosecution of underage drinking and furnishing. School and college policies, workplace policies, and even family rules also fall into this category. Enforcement is an important follow-up to regulations. In order for regulations to be effective, there needs to be a perception by the community that they are enforced consistently and fairly. Perception of getting caught is an effective deterrent, so the perception of enforcement is often as important as actual enforcement.

Norms

"Norms" is a term referring to what a community or society widely considers to be "normal" or "acceptable." For example, what are the expectations around teen drinking? What role are parents expected to play? What are the expectations around college drinking? Much research, particularly on college campuses, has documented a common phenomenon where people misperceive the "norms" and overestimate the frequency and amount that most people drink. As a result, they increase their own drinking to align with what they think everybody else is doing. Therefore, when examining norms, it is important to consider the

actual behavioral norms (how much and how often most people drink), the norms that are communicated (for example, prime-time television communicates a much different "norm" than most people see in real life), and the norms that are perceived.

Why use Environmental Strategies?

Environmental strategies focus on changing the underlying contextual processes that contribute to substance use and are useful for three reasons:

➤ **Efficiency**

- Strategies directed at the shared environment are efficient because they affect every member of the target population. For example, training convenience store clerks to check IDs reduces the availability of alcohol and tobacco for all local youth.
- Environmental strategies have enduring effects. When policy, regulation, or norms are changed they remain so for a very long time.
- When in place, environmental strategies are often easily maintained and cost effective. Seatbelt use is an example of an easily maintained environmental strategy which began through regulation and has become the norm. The initial cost may be high, but after the behavior becomes the norm, it is self-sustaining, reducing costs. The "crash-test dummies" are now retired after making seat belt use the norm for over 85 percent of the U.S. population.

➤ **Economy of Time**

Once in place, strategies aimed at the shared environment often produce results much faster than strategies aimed at individual environments. For example, enforcing the alcohol purchase age and increasing alcohol prices (manipulations of availability) can produce immediate reductions in youth alcohol use.

➤ **Enhancement**

Environmental strategies help to enhance prevention initiatives of all types within the community. It draws together all community members, and gives a common base of understanding about the issue the community faces. This provides support for individualized strategies.

CMCA & CTI

(Communities Mobilizing for Change on Alcohol & Community Trials Intervention)

Objectives to be reached:	<p>The CMCA and CTI community organizing models can be used to select & implement alcohol policy change strategies aimed at the following objectives:</p> <p><i>3.3 Increase effectiveness of retailers policies and practices that restrict access to alcohol by underage youth [Required in OSA SPF-SIG workplan]</i></p> <p><i>3.1 Increase effectiveness of local underage drinking law enforcement policies & practices (based on Maine Chiefs of Police/OSA model policy) [Required in OSA SPF-SIG workplan]</i></p> <p><i>3.9 Increase effectiveness of policies/practices affecting social access to alcohol by youth for underage drinking</i></p> <p><i>3.8 Decrease alcohol advertising/promotions that appeal to youth</i></p> <p><i>3.13 Increase effectiveness of retailers policies and practices that restrict availability of alcohol that encourages high risk drinking (i.e. reducing sales/service to visibly intoxicated adults)</i></p>
Description of project:	<p>CMCA was a multi-year study conducted in the early 90's by researchers at the University of Minnesota in 15 randomly selected midwestern communities (7 which experienced the CMCA intervention, 8 which served as control groups for evaluation). Communities had an average population of 20,836 (range: 8,029-64,797) and were primarily of rural culture. The study used community mobilization strategies, led by a trained community organizer and a "strategy team" of community members, to implement changes in local policies and practices (e.g. among law enforcement agencies, alcohol merchants, and community event sponsors) aimed at reducing youth access to alcohol. The results included significant reductions in drinking by 18-20 year olds, furnishing of alcohol to minors by 18-20 year olds, propensity of alcohol establishments to sell alcohol to minors, and alcohol-related auto crashes.</p> <p>CTI (a.k.a. Community Trials Intervention to Reduce High Risk Drinking, or RHRD) was a multi-year study conducted in the early 90's by researchers from the University of California at Berkeley and Prevention Research Center (PRC) in three ethnically diverse communities in Northern California, Southern California, and South Carolina. Like CMCA, the study used community mobilization strategies, led by trained community organizers and task forces of community members, to implement changes in local policies and practices (e.g. among law enforcement agencies, alcohol merchants, and community event sponsors). Task forces were formed around increasing Responsible Beverage Service, reducing underage access to alcohol, and reducing drunken driving. The results included an overall decrease (not age-group specific) in self-reported drinking and drinking and driving behavior, plus decreases in alcohol-related crashes and assault injuries.</p>
Approaches used:	<p><i>Collaboration:</i> Use community organizing and coalition-building techniques to mobilize your community around alcohol policy change.</p> <p><i>Policy:</i> Promote evidence-based changes in local ordinances and policies/practices used by local law enforcement, alcohol merchants, community event sponsors, etc.</p> <p><i>Communications:</i> Use media advocacy techniques to promote social change or policy change objectives.</p>

	<p><i>Education:</i> Provide training for community leaders, task force members, law enforcement, business owners and managers, etc. regarding evidence-based policies and practices.</p> <p><i>Enforcement:</i> Support law enforcement policies and practices aimed at decreasing youth access to alcohol from social and retail sources.</p>
Resources available:	<p>CMCA: http://www.epi.umn.edu/alcohol/cmca/index.shtm</p> <p>All CMCA materials are freely available on the University of Minnesota Alcohol Epidemiology Program's web site, including research articles, a manual, fact sheets, and topic briefs describing policies, community strategies, and model ordinances. Official training on CMCA can be purchased from the Youth Leadership Institute (http://www.yli.org/prevention/programs/cmca.php).</p> <p>CTI: http://www.pire.org/CommunityTrials/</p> <p>For more information about implementing CTI, contact Andrew Treno, Ph.D. at the Prevention Research Center: andrew@prev.org; (510) 486-111 x139.</p>
Works well with these other programs and/or strategies:	<p>A multi-strategy approach is key to both the CMCA and the CTI models. The models can be used to select and implement almost any evidence-based environmental alcohol prevention strategy as long as the strategy integrates the key components of community mobilization, policy change, media advocacy, merchant education, and law enforcement. For example, local implementation of CardMe, Seller/Server Training, Retail Compliance Checks, Party Patrols & Maine's Model Law Enforcement Policy, the OSA Parent Campaign, the School Policy Guide, and Drug-Free Workplace programs can all be enhanced through use of the CMCA or CTI approaches.</p>
Special considerations:	<p>Both the CMCA and CTI models require considerable time and energy to be spent on recruiting new members and supporters (beyond "the usual suspects"!) and building the "task force" or "strategy team" that will guide planning and implementation. For example, CMCA trainers at the Youth Leadership Institute recommend having at least 100 one-on-one meetings in the first year—regardless of the size of your community. It's important not to skip that step, even if you already have a strong community coalition in place. A typical community coalition, regardless of its size, should <u>not</u> double as your CMCA/CTI task force unless it is solely focused on that purpose. However, the task force or strategy team can be a subcommittee of your coalition.</p> <p>CMCA and CTI are not "one size fits all" strategies—Rather, they are models that use a community organizing approach to select and implement alcohol policy change. Specific strategies (e.g. policy changes to be implemented) must be evidence-based, and are selected by a task force or strategy team that is made up of a diverse cross-section of community leaders and stakeholders. Keep in mind that the CMCA and CTI studies were conducted a decade ago--Today's CMCA/CTI teams have access to much more information regarding alcohol policies and practices that work.</p>
For more information, contact:	<p>Erica Schmitz Director, MESAP (Maine's Environmental Substance Abuse Prevention Center) Medical Care Development, Inc. (207)-879-0630 eschmitz@mcd.org</p>

ACTIVITY

The role of community organizing: Lessons from CMCA & CTI

In pairs:

Select a key stakeholder group from the cards on your table: _____

1. Discuss the following questions:

- At what level is this group already involved in your organization's work? Who is involved, and what is their current role?
- Ideally, at what level do you need the group or individuals involved in order to achieve lasting changes in policies & practices?

2. Imagine that you are preparing for a one-on-one meeting with a key individual from this group.

- What might be some key motivators or "selling points" for their involvement in your project?
- What might be some considerations around cultural competence in working with them?
- What might be some key barriers or concerns that would interfere with their involvement in your project?

3. Keeping their concerns and motivations in mind:

What are some key questions and speaking points you would want to include in your meeting?

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Card ME

A partnership between OSA and the Higher Education Alcohol Prevention Project.

Objectives to be reached:	<p>3.3 Increase effectiveness of retailers policies and practices that restrict access to alcohol by underage youth [<i>Required in OSA SPF-SIG workplan</i>]</p> <p>3.8 Decrease alcohol advertising/promotions that appeal to youth</p>
Description of project:	The Card ME Program takes an innovative approach to reducing retail access to minors, in that it is designed for business owners and managers. Instead of educating individuals in positions with high turnover rates, such as sales clerks, the program works with managers and store owners to establish policies and norms around selling alcohol in their stores.
Approaches used:	<p><i>Collaboration:</i> Conduct outreach and develop positive relationships with store owners and managers to bring on board.</p> <p><i>Education:</i> Conduct one-on-one education and provide Card ME materials for business owners and managers to establish responsible retailing policies and practices.</p> <p><i>Policy:</i> Work with owners and managers to establish best-practice policies including requirements staff training, regarding minimum age of seller, and checking age identification.</p>
Resources available:	<p>Card ME materials will be available from OSA in the spring of 2008.</p> <p>Additional resources include:</p> <ul style="list-style-type: none"> • Work of The Responsible Retailing Forum, a joint nationwide project of Brandeis University and Florida State University. • Report on Best Practices for Responsible Retailing, prepared for the Center for Substance Abuse Prevention < http://rrforum.org/concept.html > • Assurances of Voluntary Compliance executed by state Attorneys General and national retail chains that establish standards and procedures for Responsible Retailing
Works well with these other strategies:	<p>The Card ME program works well as a complement to your coalition's other efforts involving alcohol retailers, for example:</p> <ul style="list-style-type: none"> • <i>Enforcement:</i> Retail Compliance Checks; investigation of underage drinking incidents to ensure retail violations are addressed. • <i>Education:</i> Seller/Server Training • Efforts to decrease pricing & promotions that encourage high risk drinking • Efforts to decrease alcohol advertising that may appeal to youth
Special considerations:	<i>This program will not be officially launched until Spring of 2008.</i>
For more information, contact:	<p>Maryann Gotreau Prevention Specialist, OSA 207-287-5713 Maryann.gotreau@maine.gov</p>

Retail Compliance Checks

Objectives to be reached:	3.3 Increase effectiveness of retailers policies and practices that restrict access to alcohol by underage youth [<i>Required in OSA SPF-SIG workplan</i>]	
Description of project:	Retail compliance checks are conducted by law enforcement agencies to monitor alcohol sales to minors. A young person aged 18-20, while being supervised by an officer, attempts to buy alcohol without use of an ID. If the seller/server neglects to ask for identification or sells the alcohol despite lack of identification, then the business fails the compliance check. The protocols around how this is done are very specific and should not be done without guidance and training from Liquor Licensing.	
Approaches used:	<i>Enforcement:</i> Retail Compliance Checks. <i>Communications:</i> Media advocacy to increase public support for the compliance checks, as well as to increase public perception that the laws are being enforced and that retailers will not sell to minors.	
Resources available:	Jeffrey Austin Supervisor, Liquor Licensing 207-624-7220 Jeffrey.r.austin@maine.gov http://www.maine.gov/dps/liqr/index.html	
Works well with these other strategies:	Retail Compliance Checks are an essential component of community efforts to reduce youth access to alcohol from retail sources. Conducting programs such as Card ME and Seller/Server Training in conjunction with compliance checks can help to enhance their success. In addition, local liquor enforcement efforts can help to boost your efforts to decrease pricing & promotions that encourage high risk drinking, alcohol advertising that appeals to youth, and sales to intoxicated individuals.	
Special considerations:	<ul style="list-style-type: none"> To be most effective, retail compliance checks should be conducted on an ongoing basis (ideally, at least once every 3 months). When using compliance checks as a strategy, it is imperative to go through Liquor Licensing to be sure your police officers receive the correct training. 	
For more information, contact:	Maryann Gotreau Prevention Specialist, OSA 207-287-5713 Maryann.gotreau@maine.gov Or.....	Jeffrey Austin Supervisor, Liquor Licensing 207-624-7220 Jeffrey.r.austin@maine.gov

Party Patrols & Maine's Law Enforcement Model Policy

Objectives to be reached:	<p>3.1 Increase effectiveness of local underage drinking law enforcement policies & practices (based on Maine Chiefs of Police/OSA model policy) [<i>Required in OSA SPF-SIG workplan</i>]</p> <p>3.9 Increase effectiveness of policies/practices affecting social access to alcohol by youth</p>
Description of project:	<p>The Maine Chiefs of Police Model Underage Drinking Enforcement Policy was developed by OSA and the Office of the Attorney General as a tool for local law enforcement departments who wish to strengthen their underage drinking enforcement efforts. It was approved by the Maine Chiefs of Police Association in June, 2005.</p> <p>Party patrols can be either special details in which officers are assigned specifically to patrol for underage drinking activities, or can happen during regular duty. Many departments create standard operating procedures on how they handle underage drinking activities based on where the activity is. For example, the procedure is different when the party is in a pit than it is when it's at a house.</p>
Approaches used:	<p><i>Enforcement:</i> Increase enforcement actions related to underage drinking, furnishing, and hosting laws.</p> <p><i>Collaboration:</i> Coalition-building between law enforcement and the prevention community to establish underage drinking enforcement as shared priority.</p> <p><i>Policy:</i> Departmental policy around underage drinking enforcement, based on model policy.</p> <p><i>Education:</i> Training for officers regarding best practices, model policy implementation, & why it's important.</p> <p><i>Communications:</i> Work with police & DA's office to publicize incidents of furnishers/hosts being caught & prosecuted. Publicize penalties for furnishing and hosting. Use media advocacy to increase community support for enforcement.</p>
Resources available:	<ul style="list-style-type: none"> • Party Patrols: http://www.udetc.org/documents/UnderageDrinking.pdf • Maine Model Policy from Maine Chiefs of Police Association & OSA http://www.maine.gov/dhhs/osa/prevention/lawenforcement/policy.htm • Reducing Third-Party Transactions: http://www.udetc.org/documents/Reducing3rdParty.pdf • Media Advocacy for Enforcement: http://www.udetc.org/documents/mediaadvocacy.pdf • Other OSA Resources for underage drinking enforcement: http://www.maine.gov/dhhs/osa/prevention/lawenforcement/resources.htm • Investigation and Response to Underage Drinking (Party Patrols) http://www.maine.gov/dhhs/osa/prevention/provider/powerpoints/ppt/UDERT%20PP.ppt#256.1.Rural
Works well with these other strategies:	<ul style="list-style-type: none"> • Distribution of OSA Parent Media Campaign materials • Revision of school substance abuse policy • Efforts to reduce youth access to alcohol from retail sources (e.g. Compliance Checks, CardMe, Seller/Server Training)
Special considerations:	<p>Mini-grants to support party patrols can be one way to help law enforcement agencies get on board. For information about the state's Enforcing Underage Drinking Laws (EUDL) mini-grant program, contact Maryann Gotreau at OSA. For information about local dissemination of enforcement mini-grants using your own OSA funding, contact Erica Schmitz at MESAP (eschmitz@mcd.org).</p>
For more information, contact:	<p>Maryann Gotreau Prevention Specialist, OSA 207-287-5713 Maryann.gotreau@maine.gov</p>

Parent Media Campaign

Maine Office of Substance Abuse

Objectives to be reached	<p>3.2 Increase use of recommended parental monitoring practices for underage drinking. <i>[Required in OSA SPF-SIG workplan]</i></p> <p>3.7 Decrease counterproductive adult modeling behaviors.</p>
Description	<p>The Parent Media Campaign, created by the Maine Office of Substance Abuse, has been developed in two phases.</p> <p>Find out More, Do More is comprised of two components, monitoring and modeling. The monitoring component is designed to help parents proactively monitor their teens. The campaign focuses on tips that any parent can use and reinforces the fact that monitoring does work. The modeling component addresses messages that parents may unknowingly send their children about alcohol.</p> <p>YOUR Teen and Alcohol, Do YOU Really Know? The first wave of the Parent Media Campaign was designed to heighten the awareness of Maine parents that, when it comes to alcohol, their own teenager is at risk. The campaign was developed in response to parent survey data and focus groups that showed a large discrepancy between the very small percentage of parents who believe their own child is using alcohol, and the actual percentage of Maine teens who report drinking in the MYDAUS survey.</p>
Approaches Used	<p><i>Communication:</i> Distribute Parent Media Campaign materials using a variety of local channels.</p> <p><i>Collaboration:</i> Partner with local media, parent groups, schools, doctor's offices, businesses, juvenile probation, law enforcement, etc. to distribute materials and get the message out.</p> <p><i>Education:</i> Convene parent meetings or forums to educate parents about effective monitoring and modeling practices, using campaign materials as tools.</p>
Resources Available	<p>www.MaineParents.net</p> <p>Please see Parent Media Campaign information sheets for a complete list of available and soon to be available materials.</p>
Works well with these other programs and strategies	<p>The Parent Media Campaign can help to complement your coalition's other underage drinking prevention efforts, particularly those focused on reducing youth access to alcohol from social sources, e.g. increased law enforcement and media advocacy to raise public awareness about the laws and penalties associated with furnishing alcohol to minors. Extend your prevention reach by using the media materials in conjunction with your work with other MCP objectives. E.g. Include materials to doctors offices as part of a comprehensive approach to health when talking with them about other issues; Incorporate into worksite wellness work; provide to daycare centers to distribute to parents etc.</p>
Special considerations	<p>When planning an effective media campaign it is important to reach many people multiple times with consistent messaging. Strategically correlate your campaign with events occurring in the community and with state and federal campaigns, e.g. sports, proms, graduation, Red Ribbon and Alcohol Awareness Weeks, Family Day etc.</p>
Contact:	<p><i>To order materials:</i> Information and Resource Center 1-800-499-0027 Email: osa.ircosa@maine.gov</p> <p><i>For information about the Parent Media Campaign:</i> Cheryl Cichowski 207-287-4391 Email: cheryl.cichowski@maine.gov</p>

Young adults & alcohol

National Data

- 18-25 year olds are our highest-risk age group when it comes to prevalence of binge drinking (42%) and heavy drinking (16%). Binge drinking is defined as consuming five or more drinks on the same occasion within a couple of hours, on at least 1 day in the past 30 days. Heavy drinking is defined as consuming five or more drinks on the same occasion on 5 or more days in the past 30 days.ⁱ
- Driving under the influence of alcohol is also highest among the young adult age groups, with 20% of 18-20 year olds, 27% of 21-25 year olds, and 21% of 26-29 year olds reporting that they drove under the influence of alcohol during the past year.ⁱⁱ
- According to 2006 data from the NHSTA, young adults ages 21-34 are disproportionately involved in fatal crashes in which the driver was intoxicated, with 43% of all fatal drunken driving crashes involving that age group (compared to 11% involving 16-20 year olds, 21% involving 35-44 year olds, 23% involving adults 45 and older).ⁱⁱⁱ
- The majority of alcohol-related deaths, disability and damage is attributable to moderate drinkers who engage in occasional risky drinking, not those who are dependent on alcohol.^{iv}
- College students are binge drinking, drinking heavily, and driving drunk at significantly higher rates than non-students.^v
 - It is estimated that 1,400 college students die each year from alcohol-related injuries.^{vi}
 - The NIAAA 2002 report on college drinking estimated that more than 70,000 students between the ages of 18 and 24 experience alcohol-related sexual assault or date rape each year in the United States.^{vii}
 - Alcohol-involved sexual assaults more often occur among college students who know each other only casually and who spend time together at a party or bar.^{viii}

Maine Data

- 54% of young adult drivers (ages 21-29) in fatal crashes were alcohol involved, compared to 20% of all adult drivers involved in fatal crashes.^{ix}

What can we do?

1. Educate young adults regarding reduced-risk drinking practices, and increase their awareness of the risks of binge drinking and heavy drinking. Provide young adults with easy access to screening and intervention services.

- Personalized assessment-feedback and brief intervention have promising evidence that they may help to reduce high-risk drinking behavior and increase use of protective behaviors for high-risk or problem drinkers who are not addicted or dependent.^x

2. Increase the use of retail policies and practices that prevent sales/service to minors and intoxicated individuals.

- Work with business owners and managers to establish and enforce clerk/server policies through a “responsible retailing systems” management model, including ongoing training for sellers and servers.^{xi} Provide one-on-one outreach and training for owners and managers to reduce illegal alcohol sales.^{xii}
- Support ongoing retail compliance checks by law enforcement. These checks show an immediate 17% reduction in the likelihood of sales to minors, but must be done of a regular schedule in order to maintain deterrence.^{xiii}

3. Decrease the use of retail pricing and promotions that encourage high-risk drinking.

- The availability of large volumes of alcohol (e.g. 24- and 30-can cases of beer, kegs, party balls), low sale prices, and frequent promotions and advertisements at both on- and off-premise establishments have been associated with higher binge drinking rates among college students.^{xiv}
- Higher alcohol prices lead to reductions in drinking and heavy drinking, as well as reductions in the consequences of alcohol use and abuse such as motor vehicle fatalities, robberies, rapes, sexually transmitted diseases, and child abuse.^{xv} Younger heavy drinkers tend to be more affected by price than older heavy drinkers, perhaps because younger drinkers have less discretionary income.^{xvi}

4. Promote Drug-Free Workplace Policies among employers with a young adult workforce.^{xvii}

5. Promote changes in college culture, policies, and practices.^{xviii}

Prescription Monitoring Program

Objectives to be reached:	3.15 Reduce availability of prescription drugs for purposes other than prescribed, by increasing prescribers' and dispensers' awareness of and use of the Prescription Monitoring Program based on assessment-based local substance abuse prevention priorities.
Description of project:	The Prescription Monitoring Program (PMP) is a free service of the Maine Department of Health and Human Services, Office of Substance Abuse. The PMP online database is a tool set up to help health care professionals prevent and detect prescription drug misuse and diversion. Pharmacies submit records on all transactions for controlled substances dispensed in the state. Anyone with a DEA number (e.g., doctors, pharmacists) can sign up as a "requestor" of patient history reports at www.maine.gov/pmp . Community health planners are encouraged to promote the program among health care providers, including pharmacists.
Approaches used:	<p><i>Collaboration:</i> Develop partnerships with prescribers, including hospitals and physician groups. Work with drug prescribers, dispensers, and their employers to increase use and usability of the program.</p> <p><i>Education:</i> Many healthcare providers may not know about the program or how easy it is to use. Provide training for prescribers and dispensers regarding Maine's PMP, why it is important, and how to use it.</p> <p><i>Communications:</i> Use media advocacy to increase public awareness and support for the need for prescribers and dispensers to utilize the PMP.</p> <p><i>Policy:</i> Work with providers (hospitals, college health centers, dentists, pharmacies, etc.) to enact policies that institutionalize consistent use of the PMP.</p> <p><i>Enforcement:</i> Work with providers to include a plan for enforcement of their PMP policy.</p>
Resources available:	<p><i>Web site:</i> www.maine.gov/dhhs/osa/data/pmp - General information about PMP</p> <p><i>Article supporting program:</i> "Impact Evaluation" link at web site above</p> <p><i>IRC web site:</i> www.maine.gov/dhhs/osa/irc - Prescription drug abuse literature</p>
Works well with these other strategies:	PMP would be complemented by other prescription drug (PD) misuse and diversion interventions. For example, public education campaigns about proper storage and disposal of prescription drugs as well as the hazards of misusing prescription drugs are encouraged. Also, unused/expired PD "take-back" programs or events may also be effective at reducing PD misuse.
Special considerations:	Data collection began in July of 2004. Requestors of reports can log on to the secure web site, www.maine.gov/pmp , and enter the first name, last name, and birth date of a patient to view a profile of all of the scheduled drugs dispensed to that patient in the previous two years. This service is quickly becoming a standard tool.
For more information, contact:	<p>Daniel J. Eccher, MPH Prescription Monitoring Program Coordinator (207) 287-3363 daniel.eccher@maine.gov</p>

Drug Free Workplace

Objectives to be reached:	<p>3.16 Increase the number of employers with a substance abuse priority population workforce who use the HMP Worksite Health Framework to address underage/high risk drinking and misuse of prescription drugs</p> <p><i>The following objectives may also be reached depending on what components are included in the program:</i></p> <p>3.12 Establish mechanisms in health care systems that increase use of screening and brief intervention to address high risk drinking</p> <p>3.14 Reduce appeal of the misuse of prescription drugs by increasing knowledge of health risks</p> <p>3.11 Decrease promotions and pricing that encourage high risk drinking among young adults [Required in OSA SPF-SIG workplan]</p> <p>3.10 Reduce appeal of high risk drinking by increasing knowledge of the health risks [Required in OSA SPF-SIG workplan]</p>
Description of project:	<p>Employers implement drug-free workplace programs to protect their businesses from the impact of drug and alcohol abuse. A comprehensive Drug Free Workplace Program consists of a Policy, Employee Education, Supervisor Training, Employee Assistance, and Drug Testing.</p> <p>Drug testing requires a great deal of research and work in the areas of legality, disability issues, employee rights, and if unions are involved, negotiations with union representatives. Any employer who wants to have a substance abuse testing program (but is not required to under federal law) must submit a policy to the Maine Department of Labor, Bureau of Labor Standards (BLS), Wage and Hour Division for review and approval. A model substance abuse testing policy is available on the BLS website to help employers develop an acceptable policy.</p> <p>Although employers may choose not to include all five components, it is recommended that all be explored when developing a drug-free workplace program. An employer may still have a Drug Free Workplace Program even if the only components that they may be able to provide is a policy and employee education. The design and implementation a Drug Free Workplace Program will be based on the company's needs and resources.</p> <p>Research shows that more components may lead to a more effective program.</p>
Approaches used:	<p><i>Collaboration:</i> Work with employers to adopt HMP Worksite Health Framework incorporating a Drug-Free Workplace Program.</p> <p><i>Policy:</i> Drug-free Workplace policy.</p> <p><i>Communications:</i> Provide information to employees regarding Drug-Free Workplace policy and program. Include information regarding health and safety risks and consequences of violating policy.</p> <p><i>Education:</i> As part of Drug-free Workplace program, require participation in evidence-based course & review the Drug-Free Workplace policy as part of general employee orientation. Require those who break policy to participate in assistance program and/or educational program.</p> <p><i>Enforcement:</i> Include a plan for consistent enforcement of the policy, including communication of policy, education, assessment and referral to treatment as important supporting components</p>

Resources available:	<p>Maine Office of Substance Abuse SAW Program www.maineosa.org/prevention/workplace Contact: Geoffrey Miller, Prevention Specialist, OSA Phone: 207-287-8907 Email: Geoff.Miller@maine.gov</p> <p>SAMHSA, Drug Free Workplace Kit http://www.workplace.samhsa.gov/WPWorkit/index.html</p> <p>U.S. Department Of Labor Working Partners Drug Free Workplace www.dol.gov/asp/programs/drugs/workingpartners/dfworkplace/dfwp.asp</p>
Works well with these other programs and/or strategies:	<p>Workplace Wellness Program, the HMP Good Work! Resource KIT : www.healthymainepartnerships.org/mcvhp/resource_good_work_manual.aspx</p> <p>Parental Monitoring and Parent Media Kit information dissemination in the workplace through employee newsletters, with paychecks, or at brownbag lunch series: www.maineoparents.net</p>
Special considerations:	<p>If looking at a comprehensive Drug Free Workplace Program that includes Drug Testing, the employer will need to check with Maine State Law and follow Maine DOL guidelines regarding establishing pre-employment or employee drug testing. Maine DOL approved Drug Testing Program Policy, Licensed Employee Assistance Program, and Maine Licensed Drug Testing labs are just a few of the requirements to do employee drug testing in Maine.</p>
For more information, contact:	<p><i>Geoffrey Miller, Prevention Specialist</i> <i>Maine Office of Substance Abuse</i> <i>207-287-8907</i> <i>Geoff.miller@maine.gov</i></p>

School Substance Abuse Policy

Objectives to be reached:	3.5 Increase the effectiveness of school substance abuse policies	
Description of project:	The Office of Substance Abuse, in partnership with Maine's Environmental Substance Abuse Prevention Center, is developing a guide on enhancing school substance abuse policy. The guide is designed to assist schools in strengthening their approach to substance abuse prevention and intervention. Rather than provide a one-size-fits-all model policy, this guide will provide guidelines and considerations regarding effective policy development, communication, implementation, and enforcement. The guide will also provide information to assist schools in connecting youth who need further evaluation or treatment with appropriate resources.	
Approaches used:	<p>Policy: Schools and community partners revise school substance abuse policies according to the recommendations in OSA's School Substance Abuse Police Guide.</p> <p>Collaboration: Schools and community partners work together to review, revise, and enforce their school substance abuse policies. Efforts are made to involve all key stakeholders in the process—including students, parents, school personnel, and law enforcement.</p> <p>Communication: A variety of channels, including public forums and media advocacy techniques (e.g. letters to the editor, Opinion Editorials) are used to increase public awareness and support for revising the policy. Schools communicate with students, parents, school personnel, and the community at large regarding the details of the policy and its importance.</p> <p>Education: Schools provide training regarding the policy to school personnel and students on a regular basis.</p> <p>Enforcement: Schools provide consistent enforcement of the school substance abuse policy.</p>	
Works well with these other programs and/or strategies:	<ul style="list-style-type: none"> • 3.1 Increase effectiveness of local underage drinking law enforcement policies & practices (based on Maine Chiefs of Police/OSA model policy) [Required in OSA SPF-SIG workplan] • 3.2 Increase use of recommended parental monitoring practices for underage drinking [Required in OSA SPF-SIG workplan] • 3.6 Reduce appeal of underage drinking by increasing knowledge of the health risks. • 3.7 Decrease counterproductive adult modeling behaviors • Evidence-based curricula in schools • Youth leadership programs in schools 	
Special considerations:	<i>The policy guide will not be released until February of 2008.</i>	
For more information, contact:	<p>Maryann Gotreau Prevention Specialist, OSA 207-287-5713 Maryann.gotreau@maine.gov</p>	<p>Erica Schmitz and Emily Wolff Maine's Environmental Substance Abuse Prevention Center (MESAP) 207-773-7737 eschmitz@mcd.org; ewolff@mcd.org</p>

Responsible Beverage Service Trainings

	B.C. Consultants Frank Lyons	Training Intervention Procedures (TIPs)	B.A.S.I.C (State of Maine)	Serve Safe (Restaurant Association)
Contact	www.alcohol-training.com 756-0260	www.gettips.com 800-438-8477x340 or contact Willow McVeigh willowmcveigh@old-town.org	www.maine.gov/dps/liqr/index.html Laurence Sanborn 624-7227 Laurence.D.Sanborn@maine.gov	www.servsafe.com/alcohol http://www.servsafe.com/TrainingSearchIP.aspx Becky Jacobson 207-623-2178
Cost	\$28/person or \$500 + \$3/person for classes with 20 or more students (to meet OJJDP/DOE caps its \$450 instead of \$500 for govt.)	\$40-\$65	\$28	Text book \$22 Other materials \$30 Online course & advanced exam \$30 Contact instructor to see what is needed.
Length/No. of days or hours	4.5 hours on premise licensees 4.5 hours off-premise licensees	6 types: On-premise=5 hrs Off premise=3 hrs Concessions=3 hrs Social Funct.=4 hrs Casinos=5 hrs Workplace=2 hrs For Seniors=2 hrs	2 hours on premise 2 hours off premise	1 day Exam approx. 5 hours – for both classroom and online courses.
Training covers all 8 topics required by state statute title 28- A-2519	Yes	Yes	Yes	Yes
Offered online	No	Option	no	Yes Classroom courses offered for 10 or more students.
Best Practice Components (see below)	Yes, appears to have all	Yes, appears to have all	Yes, appears to have all	Yes, appears to have all
If becoming a trainer	Does not appear to offer train the trainer. Does have trainings set up with police and colleges in Maine	\$449/person 2-days instruction (to have a training in Maine will need at least 7 students- contact Willow McVeigh to set this up) plus to be Maine certified, contact Laurence Sanborn for the 2 hour state of Maine train the trainer	No train the trainer for BASIC is available, it is a certification program.	\$50 non refundable deposit and Successfully completed a degree program in Food/Bev. Mgt. or Hospitality Mgt OR A minimum of one year training experience OR Have been hired into a training role OR Employed by a state or local ABC department or State Alcohol Beverage

		certification (where you will receive information about Maine law, current trends in id's, and reporting requirements)		Agent. A minimum score of 90 on the ServSafe Alcohol advanced exam, and completion of the Train the Trainer online course and Assessment. Plus to be Maine certified, contact Laurence Sanborn for the 2 hour state of Maine train the trainer certification (where you will receive information about Maine law, current trends in id's, and reporting requirements)
Follow-up (Does it offer more than the initial training?) For RBS to be effective you need more than the training	Offers TA on his website but for more in-depth follow-up assistance on a contractual basis. This includes business policy making; connecting law enforcement, etc.			Recertification required every 3 years. Access to Servsafe.com for support materials. Periodic updates from ServSafe.com.

Best Practice for RBS training programs: 1. How to id fake ID's; 2. What to do after confiscate ID; 3. Recognize when adults buying for youth; 4. How to refuse sales to those who may supply to underage; 5. Id intoxicated customers; 6. How to refuse service to underage and/or intoxicated customers. ALSO -Training should be required for all new employees and on-going.

To find out about other Responsible Beverage Service Trainings go to the liquor license website
<http://www.maine.gov/dps/liqr/contact.html#training>.

BC Consultants:

On Premise –

- Identifying minors and VIPs
- Intervention to prevent excessive consumption
- Intervention to prevent a VIP patron from driving
- How alcohol is ingested and metabolized by the body
- What alcoholism is and how alcohol affects the body
- False ID detection and carding policy
- The importance of good written policies
- The Liquor Liability Act

Off Premise –

- Identifying minors and VIPs
- Intervention to prevent a VIP patron from driving
- How alcohol is ingested and metabolized by the body
- What alcoholism is and how alcohol affects the body
- False ID detection and carding policy
- The importance of good written policies
- The Liquor Liability Act

B.A.S.I.C:

On Premise & Off Premise–

- Identifying intoxicated individuals
- Intervention to prevent excessive consumption

- Intervention to prevent a VIP patron from driving
- Knowledge of State Laws relating to sale and distribution of alcohol
- Knowledge of effect of alcohol by volume and timing in relation to individuals weight
- False ID detection
- Policies and practices to prevent sale or service to minors or intoxicated persons
- Minor identification & practices to prevent minors from purchasing
- Effects of alcohol on the human body

Serve Safe:

Chapter 1: Alcohol Law and Your Responsibility

Your Responsibility as a Seller or Server of Alcohol

The Role of the Liquor Authority

Laws Restricting Alcohol Service

Chapter 2: Recognizing and Preventing Intoxication

Alcohol and the Body

Assessing a Guest's Level of Intoxication

Preventing Guests from Becoming Intoxicated

Chapter 3: Checking Identification

Acceptable Forms of Identification

Verifying Identification

When to Check IDs

The Proper Procedure for Checking IDs

Using ID Readers

Dealing with a Fake ID

Chapter 4: Handling Difficult Situations

Handling Intoxicated Guests

Handling Potentially Violent Situations

Handling Illegal Activities

Documenting Incidents

TIPS:

- Laws
- ID checking
- Alcohol affects and signs of intoxication
- Interventions
- Refusal
- Application of skills

ⁱ 2006 National Survey on Drug Use and Health: National Findings, SAMSHA Office of Applied Studies, <http://www.oas.samhsa.gov/nsduh/2k6nsduh/2k6results.pdf>

ⁱⁱ *ibid*

ⁱⁱⁱ <http://www-nrd.nhtsa.dot.gov/Pubs/810821.pdf>

^{iv} Toomey, T.L. & Wagenaar, A.C. (2002). Environmental policies to reduce college drinking: options and research findings. *J. Stud. Alcohol*, Supplement No. 14: 193-205.

^v 2006 National Survey on Drug Use and Health: National Findings, SAMSHA Office of Applied Studies, <http://www.oas.samhsa.gov/nsduh/2k6nsduh/2k6results.pdf>

^{vi} Hingson, R.W. et al. (2002). Magnitude of alcohol-related mortality and morbidity among U.S. college students ages 18-24. *J. Stud. Alcohol* 63: 136-144.

^{vii} Task Force of the National Advisory Council on Alcohol Abuse and Alcoholism, National Institute on Alcohol Abuse and Alcoholism. (2002). *A Call to Action: Changing the Culture of Drinking at U.S. Colleges*. Washington, DC: National Institutes of Health.

^{viii} Abbey, A. (2002). Alcohol-related sexual assault: A common problem among college students. *J. Stud. Alcohol*. Supplement No. 14: 118-128.

^{ix} Fatality Analysis Reporting System (FARS), 1999-2003

^x See for example, Walters, S. et al. (2007). A controlled trial of web-based feedback for heavy drinking college students. *Prevention Science*. 8 (1): 83-88 (a study evaluating e-CHUG, www.e-chug.com). Saitz, R. et al. (2007). Screening and brief intervention online for college students: The iHealth study. *Alcohol and Alcoholism*. 42 (1): 28-36. Wild, T.C. et al. (2007). Controlled study of brief personalized assessment-feedback for drinkers interested in self-help. *Addiction*. 102(2): 241-250. Larimer, M.E. et al. (2007). Personalized mailed feedback for college drinking prevention: a randomized clinical trial. *Journal of Consulting and Clinical Psychology*. 75 (2): 285-293.

^{xi} Holder, H.D. and Wagenaar, A.C. (1994). Mandated server training and reduced alcohol-involved traffic crashes: A time-series analysis of the Oregon experience. *Accident Analysis and Prevention*. 26: 89-97.

^{xii} Toomey, T.L. et al. (2001). Project ARM: Alcohol Risk Management to prevent sales to underage and intoxicated patrons

^{xiii} Wagenaar, Alexander C. et al (2004). Preventing youth access to alcohol: outcomes from a multi-community time-series trial. University of Florida, College of Medicine, Dept. of Epidemiology and Health Policy Research and University of Minnesota, School of Public Health, Division of Epidemiology, University of MN, Minneapolis.

^{xiv} Kuo, M.C. et al. (2003). The marketing of alcohol to college students: The role of low prices and special promotions. *American Journal of Preventive Medicine*. 25: 204-211.

^{xv} Chaloupka, F., et al. (2002). The effects of price on alcohol consumption and alcohol-related problems. *Alcohol Research and Health*. 26 (1): 22-34.

^{xvi} Hingson, R. et al. (2005). Magnitude of alcohol-related mortality and morbidity among U.S. college students ages 18-24: Changes from 1998 to 2001.

^{xvii} For information, see www.maineosa.org/prevention/workplace.

^{xviii} For information, see <http://www.collegedrinkingprevention.gov> and www.maineheapp.org.